







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, 1	how long l	has your child	l received	l services l	here?
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\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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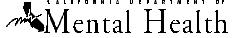
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Approximately,	how long	has your child	l received	services l	here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

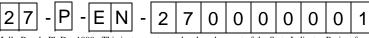
received services for less than one month.

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Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
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responds to your choice	• Please fill in the circle com	pletely. <u>EXAMPLE</u> :	Correct	•Incorrect	X	V

Approximately,	how long	has your child	received	services l	1ere?
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\sim	TIIIO	IJ	1111	Cimas	шы	MOIL	mu.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

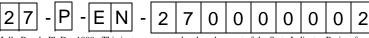
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······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
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3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

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Continued on the Next Page...



Page 1 of 2





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1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark○ White / Caucasian○ Black / African American○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 00 1 00 2 00 3 00 4 00 5 00 6 00	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped not 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
	FOR (OFFICE	USE ONLY	<u>Y:</u>			
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County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20		3	455	4 4 6 6
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 0 07 0 0 16 0 17 0	0 08 0 09 0 10 0 18 0 19 0 20		7 0 0 0 0 8 0 0 0 0 9 0 0 0 0 <u>ason</u> :	⑦ ⑦ ⑦③ ⑧ ⑧	0 0 0 0

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Approximately,	how long	has your child	received	l services l	here?
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- This is my child's first visit here.
- 1 2 Months

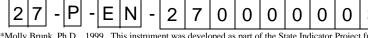
O More than 1 year

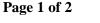
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

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1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
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17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
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County Question #2: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0
County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0
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onds to your choice. Please fill in the circle completely. <u>EXAMPLE</u> : Correct Incorrect	future services you or your child will receive.					
	onds to your choice. Please fill in the c	ircle completely.	EXAMPLE:	Correct	■Incorrect	XV

Approximately, ho	ow long has	your child	received	services	here?
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○ 1 - 2 Months

O More than 1 year

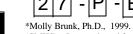
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5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
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12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family 1</u>	<u>received:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this We are interested in both positive and negative feedback.	s form, if n	needed.				

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Ar	proximately,	how long	has you	r child 1	received	services	here?
	, , , , , , , , , , , , , , , , , , ,		, J				

- This is my child's first visit here.
- 1 2 Months

O More than 1 year

- O My child has had more than one visit but has O 3 5 Months
- received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately,	how long	has your ch	ild received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	is. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	ieeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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				○ Ref	○ Imp ○ Lan ○ Oth

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Approximately,	how lon	g has your c	child recei	ived services	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..

Page 1 of 2





Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark○ White / Caucasian○ Black / African American○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 00 1 00 2 00 3 00 4 00 5 00 6 00	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped not 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
	FOR (OFFICE	USE ONLY	<u>Y:</u>			
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County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20		3	455	4 4 6 6
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct corresponds to your choice. Please fill in the circle completely. •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
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received services for less than one month.

\circ	Γhiς	iç	mv	child's	first	visit	here
\sim	i iliə	1.5	1111	CHILLY	111.51	V 1.511	HEIE.

○ 1 - 2 Months

O More than 1 year

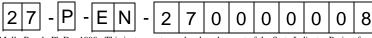
O My child has had more than one visit but has O 3 - 5 Months

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Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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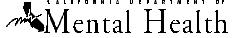
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect **X**

Approximately, h	ow long l	has your child	received	services l	iere?
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- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
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				○ Ref	○ Imp ○ Lan ○ Oth

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Ap	proximately,	how long	has	your child	received	services	here?
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

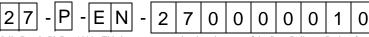
received services for less than one month.

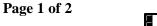
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









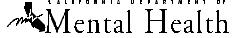
Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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Approximately,	how long	has your child	l received	services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

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2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
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4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
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Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
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Ap	proximately,	how long	has you	ur child	received	services	here?
	J /	0					

Months

	J '	0	J		
O Tł	nis is my	child's fi	rst visit here.	(0 1 - 2 N

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

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Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments have and for an the back of this	a form if n	aadad				

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Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
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 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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				○ Ref	○ Imp ○ Lan ○ Oth

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Page 2 of 2







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct

Approximately, now long has your child received se	ervices nere?		
 This is my child's first visit here. 	○ 1 - 2 Months	○ More than 1 year	

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······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2



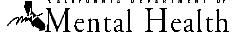


Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
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				○ Ref	○ Imp ○ Lan ○ Oth

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Ar	proximately,	how long	has you	r child 1	received	services	here?
	, , , , , , , , , , , , , , , , , , ,		, J				

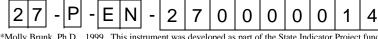
○ This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year
O My child has had more than one visit but has	○ 3 - 5 Months	

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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				○ Ref	○ Imp ○ Lan ○ Oth

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

A	pproximately	how	long 1	has your	child	l received	services	here?
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

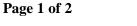
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Ap Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
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Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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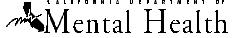
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, h	ow long l	has your child	received	services l	iere?
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- This is my child's first visit here.
- 1 2 Months

O More than 1 year

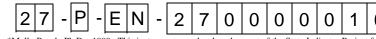
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







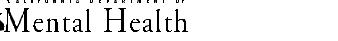


Please answer the fol	lowing qu	estions	to let us know	a little	about your	child.	
1.) What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O Unk	nown	
What is your child's race? (mark	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyy)		EXAMPLE: DateWrite in your child's date of birthFill in the corresponding circles	of birth on Date 0 0 4 (0 0 0 1 00 2 00 4 0 0 5 00 6 00	April 30, 1987: If Birth (mm-dd-yyyy) I - 30 - 1987 O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O		
5. In the past MONTH , how many O No arrests O 1 arrest	times was you ○ 2 arrests	r child arrest O 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not re	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
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0 0 0 1







O More than 1 year



YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions.	Your answers are conf	fidential and will not influence
current or future services you or your child will receive. For each survey		
corresponds to your choice. Please fill in the circle completely	y. <u>EXAMPLE</u> : C	Correct Incorrect

Approximately,	how long	has your child	received	services l	1ere?
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\circ	This	is	mv	child's	first	visit	here
\sim	1 111.5	1.7	1111	CHIIICAS	111.51	v i.əii.	III.II.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

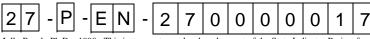
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

experienced, fill in the circle for Not Applicable to indicate	Strongly Disagree	Disagree	11 3	Agree	Strongly Agree	Not Applicable	
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0	
2. I helped to choose my child's services.	0	0	0	0	0	0	
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0	
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0	
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0	
6. I participated in my child's treatment.	0	0	0	0	0	0	
7. The services my child and / or family received were right for us.	0	0	0	0	0	0	
8. The location of services was convenient for us.	0	0	0	0	0	0	
9. Services were available at times that were convenient for	us. O	0	0	0	0	0	
10. My family got the help we wanted for my child.	0	0	0	0	0	0	
11. My family got as much help as we needed for my child.	0	0	0	0	0	0	
12. Staff treated me with respect.	0	0	0	0	0	0	
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0	
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0	
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0	
As a result of the services my child and / or	family r	<u>eceived:</u>					
16. My child is better at handling daily life.	0	0	0	0	0	0	
17. My child gets along better with family members.	0	0	0	0	0	0	
18. My child gets along better with friends and other people.	0	0	0	0	0	0	
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0	
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0	
21. I am satisfied with our family life right now.	0	0	0	0	0	0	
22. Please provide comments here and /or on the back of this form, if needed.							

We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.						
1. What is your child's gender? ○ Female ○ Male ○ Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown						
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown						
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000						
5	00 00 000						
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests						
6. How often was your child absent from school during the last MONTH ?	not remember						
Were the services your child received provided in the language he / she preferred?							
Was written information (e.g., brochures describing available services, your rights as a celeducation materials) available to you in the language you prefer? O Yes O No	consumer, and mental health						
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 							
Thank you for taking the time to answer these questions!							
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, 1	how long l	has your child	l received	l services l	here?
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- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.							
1. What is your child's gender? ○ Female ○ Male ○ Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)						
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?							
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school							
7. Were the services your child received provided in the language he / she preferred? • Yes • No							
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct corresponds to your choice. Please fill in the circle completely. •Incorrect X •

Approximately,	how long	has your child	received	services l	1ere?
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







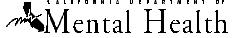
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1. What is your child's gender? ○ Female ○ Male ○ Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, l	how long l	has your child	received	l services l	here?
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own		
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp			
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber		
7. Were the services your child receiv				? • Yes •) No		
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health		
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you f	for taking	the time	e to answer ti	hese ques	tions!		
	FOR (OFFICE	USE ONLY				
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County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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Page 2 of 2







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, how long has your child receive	d services here?	
○ This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

○ This is my child's first visit here.

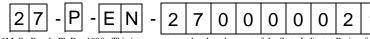
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experienced, fill in the circle for two Applicable to indicate to	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	Ö	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or:	<u>family 1</u>	<u>received:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if r	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









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What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
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Thank you for taking the time to answer these	e questions!
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately,	how long	has your chi	ld received	l services l	here?
----------------	----------	--------------	-------------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

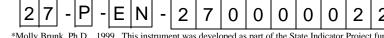
O My child has had more than one visit but has O 3 - 5 Months

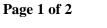
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
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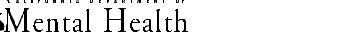
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YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)
Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive. For eacorresponds to your choice. Please fill in the circle co			low, please <i>MPLE:</i> Co	_	e circle that Incorrect	A A (
O My child has had more than one visit but has received services for less than one month.	1 - 2 :3 - 5 :6 mor	Months Months nths to 1 yea		·		
Please answer the following questions based on the last 6 mo answers based on the services that have been received so far. I Agree, or Strongly Agree with each of the statements below. experienced, fill in the circle for Not Applicable to indicate the	ndicate i If the o	f you Stron Juestion is ab	gly Disagree out somethin	, Disagr	ee, are Unde	cided, ve not
Si	trongly isagree		Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what.	0	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for us	. 0	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or fa	amily 1	<u>received:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this to We are interested in both positive and negative feedback.	form, if 1	needed.				
				Continu	ed on the N	ext Page



Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped not 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
	FOR (OFFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1 County Question #1: 0 01 0 02 0 03	1 -	-	2 0 0 3		CSI County (0 0 0	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect **X**

Approximately, h	ow long has you	ır child received	l services	here?
------------------	-----------------	-------------------	------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.
1. What is your child's gender? O Female O Male O Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
Thank you for taking the time to answer these	e questions!
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, 1	how long	has vour child	l received	services	here?
II J,		J			

○ This is my child's first visit here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

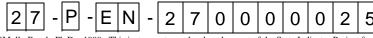
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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Please answer the following questions to let us know a li	ttle about your child.							
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2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown							
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What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000							
5	00 00 000							
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests							
6. How often was your child absent from school during the last MONTH ?	not remember							
Were the services your child received provided in the language he / she preferred?								
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you for taking the time to answer these	e questions!							
FOR OFFICE USE ONLY:								
Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number							
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$							
County Question #2: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0							
County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0							
	O Ref O Imp O Lan O Oth							

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○ 1 - 2 Months

O More than 1 year



YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. EXAMPLE:** Correct Incorrect

Approximately, how long has your child received services here?

O My child has had more than one visit but has O 3 - 5 Months

○ This is my child's first visit here.

received services for less than one month.	O 6 mon	ths to 1 yea	r			
Please answer the following questions based on the last 6 mg						
answers based on the services that have been received so far. I						
Agree , or Strongly Agree with each of the statements below. experienced, fill in the circle for Not Applicable to indicate th				ig you or	your child ha	ve not
Si	trongly isagree		Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what.	0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for us	i. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or fa	<u>amily r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this f We are interested in both positive and negative feedback.	form, if n	eeded.				





Please answer the following questions to let us know a li	ttle about your child.							
1. What is your child's gender? O Female O Male O Other								
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown							
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000							
5	00 00 000							
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests							
6. How often was your child absent from school during the last MONTH ?	not remember							
Were the services your child received provided in the language he / she preferred?								
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you for taking the time to answer these	e questions!							
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Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number							
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approxima	ıtely,	how long	has	your	child	received	services	here?
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○ 1 - 2 Months

O More than 1 year

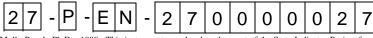
O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct corresponds to your choice. Please fill in the circle completely. •Incorrect X •

Approximately,	how long	has your chi	ld received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

proximately, how long has your c	child received services here?
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O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
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 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect **X**

Approxima	ıtely,	how long	has	your	child	received	services	here?
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\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

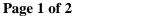
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the follo	owing questions	to let us know a l	ittle about your child.
1. What is your child's gender?	O Female O Male	O Other	
2. Are either of the child's parents of	of Mexican / Hispani	c / Latino origin? O	Yes O No O Unknown
O Black / African American	all that apply.) O American Indian / A O Native Hawaiian / C O Other		○ Unknown
 (4.) What is your child's date of birth Date of Birth (mm-dd-yy) 0 ○ ○ ○ ○ ○ ○ ○ ○ 1 ○ ○ ○ ○ ○ ○ ○ ○ 2 ○ ○ ○ ○ ○ ○ ○ 3 ○ ○ ○ ○ ○ ○ ○ 4 ○ ○ ○ ○ ○ ○ ○ 		1. Write in your child's date of birth	Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
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5. In the past MONTH , how many time No arrests 0 1 arrest	mes was your child arre ○ 2 arrests ○ 3 a		rrests
6. How often was your child absent 1 day or less 2 days 6 to 10	from school during the same of	ne last MONTH ?	not remember
Were the services your child received	l provided in the langua	ge he / she preferred?	Yes O No
Was written information (e.g., broch education materials) available to you	ures describing availabl in the language you pro	e services, your rights as a efer?	consumer, and mental health o
 Please identify who helped you compound I did not need any help. A mental health advocate / voluntee Another mental health consumer health consumer	oer helped me. O A pro elped me. O My cl elped me. O A sta	fessional interviewer help nild's clinician / case mana	ager helped me. child's clinician or case manager helped m
Thank you fo	r taking the tin	ie to answer thes	e questions!
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Please help our agency make services better by answering some questions.

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current or future services you or your child will receive. For each survey it	tem below, plea	ase fill in the	e circle tha	at	
corresponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	Incorrect	X	V

Аp	proxima	tely,	how I	ong l	has your	child	received	l services .	here?
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○ 1 - 2 Months

O More than 1 year

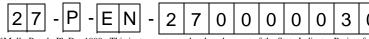
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

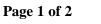
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1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
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4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
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7. Were the services your child receiv				? • Yes •) No
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Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

Approximately, how long has your child receive	ed services here?	
O This is my child's first visit hard	0 1 - 2 Months	○ More than 1 year

My child has had more than one visit but has received services for less than one month.
 3 - 5 Months
 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive.	For each survey ite	em below, plea	ase fill in	the circle th	at	
corresponds to your choice. Please fill in the c	ircle completely.	EXAMPLE:	Correct	• Incorrect	X	Q

Approximately,	how long	has your chi	ld received	d services	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

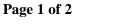
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped not 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresi

ponds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	●Incorrect	X	Q

Αj	proxi	matel	y, how l	long l	has your	child	received	services	here?	
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

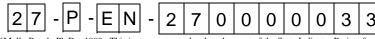
O My child has had more than one visit but has O 3 - 5 Months

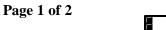
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely FYAMDI E.

esponds to your choice. Please hil in the Cl	ircie compietely.	EXAMPLE:	Correct	•Incorrect .	į
Annoximately, how long has your child receive	ed services here?	_	_		

- FF			
 This is my ch 	ild's first visit here.	1 - 2 Months	O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped not 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
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Please help our agency make services better by answering some questions. Your

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corresponds	to you	ur ch	oice.	Please	fill in t	ie ci	rcle	con	ıplet	ely.	EXAMPLE:	Correct	■Incorrect	X	<u> </u>
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Approximately,	how long	has your child	l received	services l	here?
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\circ	11112	12	1117	Cilliu 3	шы	VISIU	nere.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

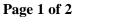
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2.) Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark White / Caucasian Black / African American Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander	O Unkn			
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the of EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Approximate of Birth on Approximate of Birth on Control of the Contro		ple.)	
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysMdaysN	O 3 arr I during the ore than 10 ot applicabl	e last MONTH?	Do not reme	ember		
Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health		
Please identify who helped you complete any part of this survey (mark all that apply): O I did not need any help. O A mental health advocate / volunteer helped me. O Another mental health consumer helped me. O A member of my family helped me. O Someone else helped me. Who?:							
Thank you f	for taking	the time	e to answer ti	hese ques	stions!		
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, how long has your child received services here	Appr	oximately,	how long	has your	child re	ceived s	services l	here
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\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mur.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.			
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown			
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own			
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp				
5. In the past MONTH , how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber			
Were the services your child receiv				? • Yes •) No			
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health			
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you f	for taking	the time	e to answer ti	hese ques	tions!			
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. <u>EXAMPLE</u>: Correct Incorrect

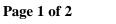
O This is my child's first visit here.	O 1 - 2 Months	O More than	ı I year							
O My child has had more than one visit but has	O 3 - 5 Months		•							
received services for less than one month.	O 6 months to 1 ye	ar								
Please answer the following questions based on the last 6 m	onths <u>OR</u> if services	s have not beer	n received :	for 6 months	s, just give					
answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided,										
Agree, or Strongly Agree with each of the statements below.	. If the question is a	bout somethin	g you or yo	our child hav	e not					
experienced, fill in the circle for Not Applicable to indicate t	hat this item does no	t apply.								
	Strongly Disagree Disagree	Undecided	Agree	Strongly Agree	Not Applicable					
1. Overall, I am satisfied with the services my child received.	0 0	0	0	0	0					

1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0				
2. I helped to choose my child's services.	0	0	0	0	0	0				
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0				
4. The people helping my child stuck with us no matter what.	0	0	0	0	0	0				
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0				
6. I participated in my child's treatment.	0	0	0	0	0	0				
The services my child and / or family received were right for us.	0	0	0	0	0	0				
8. The location of services was convenient for us.	0	0	0	0	0	0				
9. Services were available at times that were convenient for us.	0	0	0	0	0	0				
10. My family got the help we wanted for my child.	0	0	0	0	0	0				
11. My family got as much help as we needed for my child.	0	0	0	0	0	0				
12. Staff treated me with respect.	0	0	0	0	0	0				
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0				
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0				
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0				
As a result of the services my child and / or family received:										
16. My child is better at handling daily life.	0	0	0	0	0	0				
17. My child gets along better with family members.	0	0	0	0	0	0				
18. My child gets along better with friends and other people.	0	0	0	0	0	0				
19. My child is doing better in school and / or work.	0	0	0	0	0	0				
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0				
21. I am satisfied with our family life right now.	0	0	0	0	0	0				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Approximately, how long has your child received services here?









Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.	
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı	
What is your child's race? (mark○ White / Caucasian○ Black / African American○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown			
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 00 1 00 2 00 3 00 4 00 5 00 6 00	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)	
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests				
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember			
7. Were the services your child receiv				? • Yes	O No			
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you f	for taking	the time	e to answer t	hese qu	uestions!			
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.								
1. What is your child's gender? ○ Female ○ Male ○ Other								
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown								
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other								
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)							
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?								
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school								
7. Were the services your child received provided in the language he / she preferred? • Yes • No								
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No								
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. 								
Thank you for taking the time to answer these questions!								
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EYAMDI F:** Correct corresponds to your choice. Please fill in the circle completely

responds to your enoice. Flease in in the entire completely.	EAAMPLE:	Correct	Tilicorrect	•
Approximately, how long has your child received services here?				

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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.								
1. What is your child's gender? ○ Female ○ Male ○ Other								
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown								
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other								
4. What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth 0								
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?								
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school								
7. Were the services your child received provided in the language he / she preferred? • Yes • No								
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No								
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you for taking the time to answer these questions!								
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. EXAMPLE: Correct

Approximately, how long has your child received s	services here?		
This is my child's first visit here.	○ 1 - 2 Months	○ More than 1 year	

My child has had more than one visit but has received services for less than one month.
 3 - 5 Months
 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.							
1. What is your child's gender? O Female O Male O Other								
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? • O Y	es O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown							
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000							
5	00 00 000							
5. In the past MONTH , how many times was your child arrested for any crimes? ○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests								
6. How often was your child absent from school during the last MONTH ?	not remember							
Were the services your child received provided in the language he / she preferred?								
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

corresponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	• Incorrect	X	V
Approximately, how long has your child received services here?					

This is my child's first visit here.
 My child has had more than one visit but has received services for less than one month.
 1 - 2 Months
 3 - 5 Months
 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	is. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	ieeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own		
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp			
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber		
Were the services your child receiv				? • Yes •) No		
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health		
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you f	for taking	the time	e to answer ti	hese ques	tions!		
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct corresponds to your choice. Please fill in the circle completely. •Incorrect X •

Approximately, l	how long l	has your child	received	l services l	here?
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\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

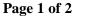
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
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Approximately, ho	ow long has	your child	received	services	here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
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County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive

current or future services you or your child will receive.	For each survey ite	em below, plea	ase fill in	the circle th	at	
corresponds to your choice. Please fill in the c	ircle completely.	EXAMPLE:	Correct	●Incorrect	X	V

Approximately, how long	g has your child	received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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				○ Ref	○ Imp ○ Lan ○ Oth

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Please help our agency make services better by answering some questions. Yo	our answers are confidential and will not influer	ıce
current or future services you or your child will receive. For each survey it		
corresponds to your choice. Please fill in the circle completely.	EXAMPLE: Correct Incorrect	V

Approxima	ıtely,	how long	has	your	child	received	services	here?
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\circ	This	is	mv	child's	first	visit	here
\sim	1 111.5	1.7	1111	CHIIICAS	111.51	v i.əii.	III.II.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

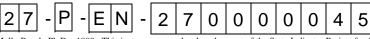
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

experienced, fill in the circle for Not Applicable to indicate	Strongly Disagree	Disagree	11 3	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	is form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.			
1. What is your child's gender?	O Female	O Male	O Other							
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı			
What is your child's race? (mark○ White / Caucasian○ Black / African American○ Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown					
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 00 1 00 2 00 3 00 4 00 5 00 6 00	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)			
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests						
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember					
7. Were the services your child receiv				? • Yes	O No					
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı			
I did not need any help.A mental health advocate / volun	Please identify who helped you complete any part of this survey (mark all that apply): O I did not need any help. O A professional interviewer helped me. O A mental health advocate / volunteer helped me. O Another mental health consumer helped me. O A staff member other than my child's clinician or case manager helped me.									
Thank you f	for taking	the time	e to answer t	hese qu	uestions!					
	FOR (OFFICE	USE ONLY	<u>Y:</u>						
Date of Survey Administration: 1 County Question #1: 0 01 0 02 0 03	1 -	-	2 0 0 3		CSI County (0 0 0	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

A	pproximately	how	long 1	has your	child	l received	services	here?
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
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\sim	i iliə	12	1111	CHIIIGS	111151	VISIL	nere.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

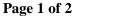
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.					
1. What is your child's gender?	O Female	O Male	O Other							
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown					
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own					
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp						
5. In the past MONTH , how many										
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber					
7. Were the services your child receiv				? • Yes •) No					
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health					
I did not need any help.A mental health advocate / volumental	Please identify who helped you complete any part of this survey (mark all that apply): O I did not need any help. O A professional interviewer helped me. O A mental health advocate / volunteer helped me. O Another mental health consumer helped me. O A staff member other than my child's clinician or case manager helped me.									
Thank you f	for taking	the time	e to answer ti	hese ques	tions!					
	FOR (OFFICE	USE ONLY							
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number					
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000					
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
				○ Ref	○ Imp ○ Lan ○ Oth					

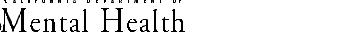
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct

Approximately, 1	how long l	has your child	l received	l services l	here?
------------------	------------	----------------	------------	--------------	-------

\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

X	(

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approx	imately,	how long	has your	child 1	received	services	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

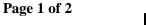
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.			
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown			
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own			
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp				
5. In the past MONTH , how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber			
7. Were the services your child receiv				? • Yes •) No			
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health			
I did not need any help.A mental health advocate / volumental	 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. 							
Thank you f	for taking	the time	e to answer ti	hese ques	tions!			
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, l	how long l	has your child	received	l services l	here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

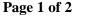
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
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2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, l	how long l	has your child	received	services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
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				○ Ref	○ Imp ○ Lan	O Oth

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Page 2 of 2







YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive.	For each survey item	ı below, plea	se fill in t	he circle tha	at	
corresponds to your choice. Please fill in the c	circle completely. <u>1</u>	EXAMPLE:	Correct	●Incorrect	X	Q

Approximately,	how long	has your child	l received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

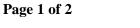
O 6 months to 1 year

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	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









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1. What is your child's gender? O Female O Male O Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? • O Y	es O No O Unknown
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
Thank you for taking the time to answer these	e questions!
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Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number
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YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will rece	ive. For each survey ite	em below, please fi	III in the circle th	at
corresponds to your choice. Please fill in tl	ne circle completely.	EXAMPLE: Corr	rect •Incorrect	XV

Approximately, how	long has y	your child recei	ved services here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

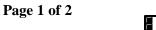
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.		0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\ensuremath{/}$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
	FOR (OFFICE	USE ONLY			_
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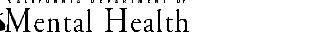
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corresponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	■Incorrect	XQ
current or future services you or your child will receive. For each survey i				
Please help our agency make services better by answering some questions. Y	our answers are c	onfidential a	and will not in	fluence

Approximately,	how long	has your child	d received	l services l	here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
Thank you for taking the time to answer these	e questions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately,	how long	has your child	l received	l services l	here?
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- This is my child's first visit here.

oximately,	now long	nas j	your	сина	receivea	services	ne	e.	;
				-			_	_	_

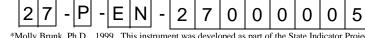
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect **X**

Approximately, l	how long l	has your child	received	services l	here?
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- This is my child's first visit here.
- 1 2 Months

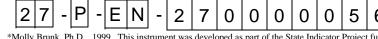
O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. <u>EXAMPLE</u>: Correct Incorrect

Approximately, how long has your child received	services here?	
O This is my child's first visit here	O 1 - 2 Months	O More than 1 year

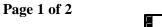
My child has had more than one visit but has received services for less than one month.
 3 - 5 Months
 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
Thank you for taking the time to answer these	e questions!
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number
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County Question #2: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0
County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0
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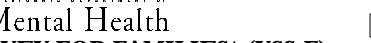
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O More than 1 year

YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, l	how long l	has your child	received	l services l	here?
------------------	------------	----------------	----------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

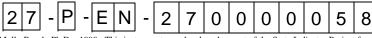
received services for less than one month.

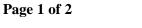
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
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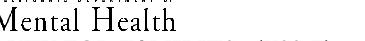
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, 1	how long l	has your child	l received	l services l	here?
------------------	------------	----------------	------------	--------------	-------

\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

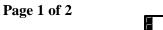
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
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County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

○ 1 - 2 Months

	•	-	J	<u> </u>
Approxir	nately, how long has your child received servi	ces her	e?	

O More than 1 year O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

○ This is my child's first visit here.

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable		
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0		
2. I helped to choose my child's services.	0	0	0	0	0	0		
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0		
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0		
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0		
6. I participated in my child's treatment.	0	0	0	0	0	0		
The services my child and / or family received were right for us.	0	0	0	0	0	0		
8. The location of services was convenient for us.	0	0	0	0	0	0		
9. Services were available at times that were convenient for	us. O	0	0	0	0	0		
10. My family got the help we wanted for my child.	0	0	0	0	0	0		
11. My family got as much help as we needed for my child.	0	0	0	0	0	0		
12. Staff treated me with respect.	0	0	0	0	0	0		
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0		
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0		
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0		
As a result of the services my child and / or	family r	eceived:						
16. My child is better at handling daily life.	0	0	0	0	0	0		
17. My child gets along better with family members.	0	0	0	0	0	0		
18. My child gets along better with friends and other people.	0	0	0	0	0	0		
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0		
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0		
21. I am satisfied with our family life right now.	0	0	0	0	0	0		
22. Please provide comments here and /or on the back of this form, if needed.								

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a little about your child.									
1. What is your child's gender? ○ Female ○ Male ○ Other									
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown									
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other									
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)								
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?									
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school									
7. Were the services your child received provided in the language he / she preferred? • Yes • No									
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No									
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 									
Thank you for taking the time to answer these questions!									
FOR OFFICE USE ONLY:									
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>								
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corresponds to your choice. Please fill in the circle completely.	EXAMPLE: Corre	ct •Incorrect 💢 💝
current or future services you or your child will receive. For each survey it	tem below, please fill	in the circle that
Please help our agency make services better by answering some questions. Yo	our answers are confiden	itial and will not influence

A	pproximately	how	long 1	has your	child	l received	services	here?
---	--------------	-----	--------	----------	-------	------------	----------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	hahaa					

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









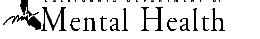
Please answer the follo	owing questions	to let us know a l	ittle about your child.						
1. What is your child's gender?	O Female O Male	O Other							
2. Are either of the child's parents of	of Mexican / Hispani	c / Latino origin? O	Yes O No O Unknown						
O Black / African American	all that apply.) O American Indian / A O Native Hawaiian / C O Other		○ Unknown						
 (4.) What is your child's date of birth Date of Birth (mm-dd-yy) 0 ○ ○ ○ ○ ○ ○ ○ ○ 1 ○ ○ ○ ○ ○ ○ ○ ○ 2 ○ ○ ○ ○ ○ ○ ○ 3 ○ ○ ○ ○ ○ ○ ○ 4 ○ ○ ○ ○ ○ ○ ○ 		1. Write in your child's date of birth	Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000						
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5. In the past MONTH , how many time No arrests 0 1 arrest	mes was your child arre ○ 2 arrests ○ 3 a		rrests						
6. How often was your child absent 1 day or less 2 days 6 to 10	from school during the same of	ne last MONTH ?	not remember						
Were the services your child received	l provided in the langua	ge he / she preferred?	Yes O No						
Was written information (e.g., broch education materials) available to you	ures describing availabl in the language you pro	e services, your rights as a efer?	consumer, and mental health o						
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 									
Thank you fo	r taking the tin	ie to answer thes	e questions!						
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, how long has your child received services here	Appr	oximately,	how long	has your	child re	ceived s	services l	here
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\sim	i iliə	1.5	1111	CHILLY	111.51	V 1.511	HEIE.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable		
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0		
2. I helped to choose my child's services.	0	0	0	0	0	0		
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0		
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0		
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0		
6. I participated in my child's treatment.	0	0	0	0	0	0		
The services my child and / or family received were right for us.	0	0	0	0	0	0		
8. The location of services was convenient for us.	0	0	0	0	0	0		
9. Services were available at times that were convenient for	us. O	0	0	0	0	0		
10. My family got the help we wanted for my child.	0	0	0	0	0	0		
11. My family got as much help as we needed for my child.	0	0	0	0	0	0		
12. Staff treated me with respect.	0	0	0	0	0	0		
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0		
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0		
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0		
As a result of the services my child and / or	family r	eceived:						
16. My child is better at handling daily life.	0	0	0	0	0	0		
17. My child gets along better with family members.	0	0	0	0	0	0		
18. My child gets along better with friends and other people.	0	0	0	0	0	0		
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0		
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0		
21. I am satisfied with our family life right now.	0	0	0	0	0	0		
22. Please provide comments here and /or on the back of this form, if needed.								

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.				
1. What is your child's gender?	O Female	O Male	O Other						
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown				
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own				
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp					
5. In the past MONTH , how many									
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber				
Were the services your child receiv				? • Yes •) No				
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health				
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 									
Thank you f	for taking	the time	e to answer ti	hese ques	tions!				
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Please help our agency make services better by answering some questions.

Please nelp our agency make services better by answering some questions. To	our answers are confidential and will not influence	
current or future services you or your child will receive. For each survey it	tem below, please fill in the circle that	
corresponds to your choice. Please fill in the circle completely.	EXAMPLE: Correct ■Incorrect 💥 🔾	
		_

Approximately, hov	w long has	your child	received	services l	here?
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\circ	11112	12	1117	Cilliu 3	шы	VISIU	nere.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

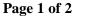
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
Thank you for taking the time to answer these	e questions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
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\sim	i iliə	1.5	1111	CHILLY	111.51	V 1.511	HEIE.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or y	our child will receive.	For each survey ite	em below, plea	ase fill in	the circle th	at	
corresponds to your choice.	Please fill in the ci	ircle completely.	EXAMPLE:	Correct	●Incorrect	X	V

Approximately, how l	long has	s your child	received	services l	here?
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\circ	I nis	IS	mv	child's	first	VISIT	nere.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you cor I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped re 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
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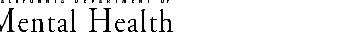
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Please help our agency make services better by answering some questions.	Your answers are confidential and will not influence
current or future services you or your child will receive. For each surve	y item below, please fill in the circle that
corresponds to your choice. Please fill in the circle completel	y. <u>EXAMPLE</u> : Correct ●Incorrect 💥 父

Approximately	, how long	has your child	received	services	here?
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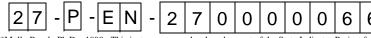
- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

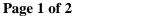
 - received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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current or future services you or your child will receive. For each survey it				1
corresponds to your choice. Please fill in the circle completely.	<u>EXAMPLE</u> :	Correct	Incorrect	_

Approxima	ıtely,	how long	has	your	child	received	services	here?
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

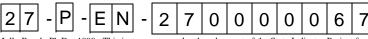
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or:	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı
What is your child's race? (mark	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown		
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was you ○ 2 arrests	r child arrest 3 arre		ore arrests			
6. How often was your child absenue of 1 day or less of 3 to 5 of 2 days of 6 to 10	t from schoo	l during the	last MONTH?	Do not r	emember		
7. Were the services your child receiv				? • Yes	O No		
Was written information (e.g., brood education materials) available to yo				as a consu O No	umer, and mei	ntal health	ı
 Please identify who helped you cor I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped re 	iteer helped m helped me.	A profeMy chilA staff	essional interviewer	helped me manager h my child's	elped me. s clinician or c		ger helped m
Thank you f	for taking	the time	e to answer t	hese qu	uestions!		
	FOR (OFFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1 County Question #1: 0 01 0 02 0 03	1 -	-	2 0 0 3		CSI County (0 0 0	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. EXAMPLE: Correct

The state of the s	ompiete	-y• <u>-2222</u>	. CO	11000	• meorrect	A
Approximately, how long has your child received serv	ices here	?				
○ This is my child's first visit here.	0 1 - 2 N		O More than	n 1 year		
 My child has had more than one visit but has received services for less than one month. 	O 3 - 5 N					
		ths to 1 yea			1 (0 1)-	
Please answer the following questions based on the last 6 m answers based on the services that have been received so far.						
Agree , or Strongly Agree with each of the statements below.						
experienced, fill in the circle for Not Applicable to indicate the					, G, J	Not
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Applicable
1. Overall, I am satisfied with the services my child received.	Ö	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what.	. 0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for us	s. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or f	amily r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...







Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately,	how long	has your child	l received	l services l	here?
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- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	is form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









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1. What is your child's gender?	O Female	O Male	O Other			
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What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
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Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
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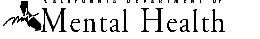
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Page 2 of 2







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Ar	proximately,	how long	has you	r child 1	received	services	here?
	, , , , , , , , , , , , , , , , , , ,		J				

- This is my child's first visit here.
- 1 2 Months

O More than 1 year

- O My child has had more than one visit but has O 3 5 Months

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	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
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O More than 1 year

YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive.	For each survey ite	em below, plea	ase fill in	the circle tha	ıt	
corresponds to your choice. Please fill in the c	ircle completely.	EXAMPLE:	Correct	•Incorrect	X	Q

Approximately, l	how long	has your ch	nild received	services	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
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				○ Ref	○ Imp ○ Lan	O Oth

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, how long has your child received services here	Appr	oximately,	how long	has your	child re	ceived s	services l	here
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\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mur.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

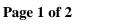
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own		
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp			
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber		
7. Were the services your child receiv				? • Yes •) No		
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health		
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 							
Thank you f	for taking	the time	e to answer ti	hese ques	tions!		
	FOR (OFFICE	USE ONLY				
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number		
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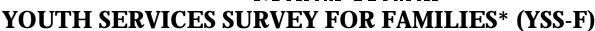
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

corresponds to your choice.	Please fill in the circle completely.	EXAMPLE: Correct	●Incorrect	X	V

Approximately,	how long	has your child	received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

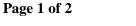
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own		
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp			
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber		
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Thank you f	for taking	the time	e to answer ti	hese ques	tions!		
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Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number		
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County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
				○ Ref	○ Imp ○ Lan ○ Oth		

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

Approximately, how long has your child receive	d services here?	
○ This is my child's first visit here.	1 - 2 Months	O More than 1 year

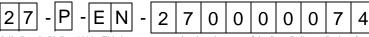
O My child has had more than one visit but has received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a li	ttle about your child.						
1. What is your child's gender? O Female O Male O Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown						
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown						
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000						
5	00 00 000						
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests						
6. How often was your child absent from school during the last MONTH ?	not remember						
Were the services your child received provided in the language he / she preferred?							
Was written information (e.g., brochures describing available services, your rights as a celeducation materials) available to you in the language you prefer? O Yes O No	consumer, and mental health						
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these	e questions!						
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. **For each survey item below, please fill in the circle that**

corresponds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	●Incorrect	X	Q
Annovimately how long	has your shild masiyad sarriess ham?					

F	Approxi	imatel	ly, how	long	has youi	· child	received	services	here?	

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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6. How often was your child absent from school during the last MONTH ?	not remember						
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 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. EXA

, p.20.				
MPLE:	Correct	●Incorrect	X	Q

Ap	proximately,	how long	has	your child	received	services	here?
	I /			J			

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...

Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.			
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown			
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own			
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp				
5. In the past MONTH , how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber			
7. Were the services your child receiv				? • Yes •) No			
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health			
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, how long has your child received services here	Apr	proximateb	v. how	long has	vour child	received	services	here
---	-----	------------	--------	----------	------------	----------	----------	------

○ This is my child's first visit here.

○ 1 - 2 Months

 This is my child's first visit here. 	○ 1 - 2 Months	O More than 1 year
O My child has had more than one visit but has	○ 3 - 5 Months	
received services for less than one month.	O 6 months to 1 year	ar

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
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YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive For each survey item helow place fill in the circle that con

ent of future services you of your child will f	eceive. For each survey ite	an beiow, pież	126 HH H	uie ch'ae ui	ai .	
esponds to your choice. Please fill in	n the circle completely.	EXAMPLE:	Correct	■Incorrect	X	V

Approximately,	how long	has your child	l received	services l	here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

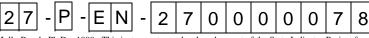
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

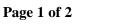
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Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
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7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. EXAN

· · · , I · ·		_	A A	_
MPLE:	Correct	●Incorrect	X	V

Approximately, how long has your child received services here?	Ap	proximately,	how long	has	your child	received	services here	?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the follow	wing questions	to let us know a li	ttle about your child.
1. What is your child's gender?	Female O Male	Other	
2. Are either of the child's parents of	Mexican / Hispanic	/ Latino origin? O	Yes O No O Unknown
O Black / African American O	l that apply.) American Indian / Al Native Hawaiian / Ot Other	uskuii i vutive	○ Unknown
4. What is your child's date of birth? Date of Birth (mm-dd-yyyy)	y)	1. Write in your child's date of birth 2. Fill in the corresponding circles	
5. In the past MONTH , how many tim O No arrests O 1 arrest	es was your child arres 2 arrests 0 3 arr		rocto
6. How often was your child absent from 1 day or less 0 3 to 5 day 0 2 days 0 6 to 10 day	om school during the	e last MONTH?	not remember
7. Were the services your child received p			Yes O No
Was written information (e.g., brochur education materials) available to you ir	res describing available n the language you pref	services, your rights as a der? O Yes O No	consumer, and mental health
 Please identify who helped you complete I did not need any help. A mental health advocate / volunteer Another mental health consumer help A member of my family helped me. 	o A prof r helped me. O My chi ped me. O A staff	essional interviewer helpe ld's clinician / case mana	ger helped me. :hild's clinician or case manager helped m
Thank you for	taking the tim	e to answer these	e questions!
	FOR OFFICE	USE ONLY:	-
Date of Survey Administration: 1 1		2 0 0 3	CSI County Client Number
County Question #1: 0 01 0 02 0 03 0 0 11 0 12 0 13 0	04 \cap 05 \cap 06 \cap 07 \cap 04 \cap 15 \cap 16 \cap 17 \cap 05	0 08 0 09 0 10 0 18 0 19 0 20	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

A	pproximately	how	long 1	has your	child	l received	services	here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
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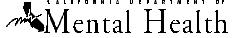
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately,	how long	has your child	received	l services l	here?
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- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...

Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
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Page 2 of 2





Please help our agency make services better by answering some questions.	Your answers are confid	lential and will not influence
current or future services you or your child will receive. For each survey	item below, please f	fill in the circle that
corresponds to your choice. Please fill in the circle completely	. <u>EXAMPLE</u> : Con	rrect •Incorrect 💥 💝

Approximately, 1	how long l	has your child	l received	l services l	here?
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\circ	This	is	mv	child's	first	visit	here
\sim	1 111.5	1.7	1111	CHIIICAS	111.51	v i.əii.	III.II.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

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Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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1. What is your child's gender? O Female O Male O Other						
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown					
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown					
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000					
5	00 00 000					
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests					
6. How often was your child absent from school during the last MONTH ?	not remember					
Were the services your child received provided in the language he / she preferred?						
Was written information (e.g., brochures describing available services, your rights as a celeducation materials) available to you in the language you prefer? O Yes O No	consumer, and mental health					
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 						
Thank you for taking the time to answer these	e questions!					
FOR OFFICE USE ONLY:						
Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number					
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$					
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County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0					
	O Ref O Imp O Lan O Oth					

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

Approximately, how long has your child received ser	vices here?	
This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

O My child has had more than one visit but has received services for less than one month. O 3 - 5 Months o 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
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Please help our agency make services better by answering some questions

Please nelp our agency make services better by answering some questions. To	our answers are confidential and will not influence
current or future services you or your child will receive. For each survey it	item below, please fill in the circle that
corresponds to your choice. Please fill in the circle completely.	EXAMPLE: Correct Incorrect

Approximately, h	ow long l	has your child	received	services l	iere?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.









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What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a celeducation materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct

Approximately, ho	ow long has	your child	received	services	here?
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\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mu.

○ 1 - 2 Months

O More than 1 year

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O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..









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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
----	-------	---------	-------	------	-----	--------	-------	----------	------------	-------	---

\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
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2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.					
1. What is your child's gender?	O Female	O Male	O Other							
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown					
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4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp						
5. In the past MONTH , how many										
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber					
7. Were the services your child receiv				? • Yes •) No					
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 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 										
Thank you f	for taking	the time	e to answer ti	hese ques	tions!					
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately,	how long	has your chil	d received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

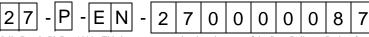
O My child has had more than one visit but has O 3 - 5 Months

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2. I helped to choose my child's services.	0	0	0	0	0	0
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5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
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4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp						
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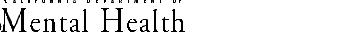
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
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\circ	Γhiς	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
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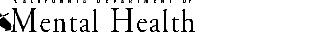
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○ 1 - 2 Months

O More than 1 year

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received services for less than one month.

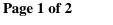
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Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









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2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
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O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
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 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
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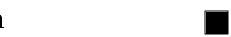
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct

Approximately, now long has your child receive	a services nere?	
This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

O My child has had more than one visit but has received services for less than one month. O 3 - 5 Months O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

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Continued on the Next Page...



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.			
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown			
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own			
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp				
5. In the past MONTH , how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber			
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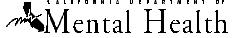
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Page 2 of 2









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, ho	ow long has	your child	received	services	here?
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- This is my child's first visit here.
- 1 2 Months

O More than 1 year

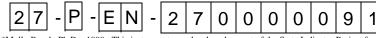
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8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
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As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
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Approximately, how long has your child received services here	Apr	proximateb	v, how	long has	vour child	received	services	here
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4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.			
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown			
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own			
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp				
5. In the past MONTH , how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber			
Were the services your child receiv				? • Yes •) No			
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No								
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you f	for taking	the time	e to answer ti	hese ques	tions!			
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Approximately, how long has your child received services here	Appr	oximately,	how long	has your	child re	ceived s	services l	here
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○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

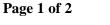
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.				
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2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown				
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own				
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp					
(5.) In the past MONTH, how many times was your child arrested for any crimes?									
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests (6) How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O to 10 days O Not applicable / Not in school									
7. Were the services your child receiv				? • Yes •) No				
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No									
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 									
Thank you f	for taking	the time	e to answer ti	hese ques	tions!				
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct

t chicle th	aı	
Incorrect	X	Q

Approximately, how long has your child received services here	Appr	oximately,	how long	has your	child re	ceived s	services l	here
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\circ	Γhiς	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.				
1. What is your child's gender?	O Female	O Male	O Other						
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown				
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own				
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp					
(5.) In the past MONTH, how many times was your child arrested for any crimes?									
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7. Were the services your child receiv				? • Yes •) No				
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No									
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 									
Thank you f	for taking	the time	e to answer ti	hese ques	tions!				
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that con

respoi	nds to	you	r cho	ice.]	Please fill in t	he cir	cle	con	ıple	teľy.	EXAMPLE:	Correct	●Incorrect	X	Q
	•				1 -1 1	•	1	•	-						

Approximately, how long has your	child received services here?
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0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

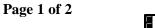
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	o let us know	a little	about yo	ur chile	d.		
1. What is your child's gender?	O Female	O Male	O Other						
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No O	Unknown	ı		
What is your child's race? (mark	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander		nknown				
4. What is your child's date of bird Date of Birth (mm-dd-y	yyyy)		 EXAMPLE: Date Write in your child's date of birth Fill in the corresponding circles 	0 © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n April 30, 198 of Birth (mm-dd 1 - 30 - 198 0	37: yyyy) 37 00 00 00 00 00 00 00	ample.)		
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests									
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school									
7. Were the services your child receiv				? • Yes	O No				
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No									
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Thank you f	for taking	the time	e to answer t	hese qu	uestions!				
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Approximately, now long has your child received services here?							
 This is my child's first visit here. 	○ 1 - 2 Months	○ More than 1 year					
O My child has had more than one visit but has	○ 3 - 5 Months						

My child has had more than one visit but has 0 3 - 5 Months received services for less than one month.
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	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
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Continued on the Next Page...



Page 1 of 2





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2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
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County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive. For each survey it					ce
corresponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	●Incorrect	X	V

Approximately,	how long	has your cl	nild received	l services l	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

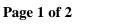
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a li	ttle about your child.
1. What is your child's gender? O Female O Male O Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Y	es O No O Unknown
What is your child's race? (mark all that apply.) O White / Caucasian O Black / African American O Native Hawaiian / Other Pacific Islander O Other	O Unknown
What is your child's date of birth? (Write it in the boxes AND fill in the circles Date of Birth (mm-dd-yyyy)	rth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 000 1 00 00 000 2 00 00 000 3 00 00 000
5	00 00 000
5. In the past MONTH , how many times was your child arrested for any crimes? O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arr	rests
6. How often was your child absent from school during the last MONTH ?	not remember
Were the services your child received provided in the language he / she preferred?	
Was written information (e.g., brochures describing available services, your rights as a context of education materials) available to you in the language you prefer? O Yes O No	consumer, and mental health
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): A professional interviewer helped me. A staff member other than my complete any part of this survey (mark all that apply): 	ger helped me. hild's clinician or case manager helped m
Thank you for taking the time to answer these	e questions!
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3	CSI County Client Number
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
County Question #2: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0
County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0
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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child w	will receive. For each survey ite	em below, plea	ase fill in	the circle tha	at	
corresponds to your choice. Please fi						Q

Approximately, h	ow long h	as your child	received	services	here?
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○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
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County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

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Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct •Incorrect X •

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?)
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\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.									
1. What is your child's gender?	O Female	O Male	O Other						
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown				
What is your child's race? (mark White / Caucasian Black / African American Asian	 American Native Ha Other	Indian / Ala nwaiian / Ot	her Pacific Islander	O Unkn					
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the of EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Approximate of Birth on Approximate of Birth on Control of the Contro		ple.)			
5. In the past MONTH , how many									
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests (6) How often was your child absent from school during the last MONTH? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school									
Were the services your child receiv				? • Yes	O No				
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 									
Thank you f	Thank you for taking the time to answer these questions!								
FOR OFFICE USE ONLY:									
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Numl				
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0		① ②			
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 6 5	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	(4) (5)			
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